

APPLICATION FOR LOWER COLORADO WATER SUPPLY PROJECT WATER

(Please print or type. Complete the information requested, or place an "X" in the appropriate box.)

1. Property Assessor Parcel Number : (_____ - _____ - _____), _____ County
2. Are you submitting an application for other parcels? ☐ Yes ☐ No
If "Yes," please attach a list of all parcels.

3. Parcel Address: _____
Number Street City State Zip Code

4. Parcel Legal Description: _____

5. Owner Information:

Name: _____
First Middle Last

Address: _____
Number Street City State Zip Code

Telephone Number (with area code): _____ Fax No.: _____

Is there a co-owner? ☐ Yes ☐ No
If Yes, please provide co-owner's name and address:

Name: _____
First Middle Last

Number Street City State Zip Code

Telephone Number (with area code): _____ Fax No.: _____

NOTE: Please provide a complete listing of co-owners. Attach additional sheets if necessary.

6. Owner Occupied or Owner Used: ☐ Yes ☐ No ☐ Not Developed
If "No," please provide the information requested below: ☐ Tenant ☐ Lessee ☐ Operator

Name: _____
First Middle Last

Mailing address: _____
Number Street City Zip Code

Telephone Number: _____, Fax Number: _____
Area Code First Area Code First

7. Date Property Acquired: _____ 8. Date Property Developed: _____
Month / Day / Year Month / Day / Year

9. Source of Water (Month and Year): Prior to Nov. 15, 1986 11/15/86 - 11/13/01 After 11/13/01
- Diverted from River _____
 - Well _____
 - Other _____

If "Other," please explain: _____

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Date Received: _____ Date Reviewed: _____ Reviewed by: _____ Approved: ☐ Yes ☐ No

10. Type of Use (Check Where Appropriate):	Prior to Nov. 15, 1986	11/15/86 - 11/13/01	After 11/13/01
• Residential	_____	_____	_____
• Commercial	_____	_____	_____
• Industrial	_____	_____	_____
• Recreational	_____	_____	_____
• Vacant	_____	_____	_____
• Other	_____	_____	_____

11. Annual Water Use:	Prior to Nov. 15, 1986	11/15/86 - 11/13/01	After 11/13/01
a). Pumped or diverted volume (Use acre-feet, gallons, or other accepted unit of measure.)	_____	_____	_____
b). Percentage of pumped or diverted water consumptively used (Use percentage, i.e., %)	_____	_____	_____

12. Location of each Diversion Facility (A map, illustration, and/or drawing may be attached.):

13. Parcels served by each Diversion Facility (if more than one, list on a separate sheet):

14. Maximum capacity of each diversion facility (well and/or pump). (Use gallons per minute, or other accepted unit of measure.)

NOTE: Documentation for **Items 8 through 13** should be attached; you should include, as applicable, copies of one or more of the following items: city or county approved subdivision plan or state subdivision white paper; county or city installation/building permit for diversion or pumping facilities; well log reported to California Department of Water Resources; construction or installation agreement/receipt with a valid California licensed well driller or contractor; equipment purchase receipt; or other document that will show starting date of diversion or pumping.

15. Natural or propane gas service on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Electricity service on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Any water service to the site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If "No," on what date will future water use begin? _____
Month / Day / Year

18. Any sewer service on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Any septic tank on site:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If "Yes," how far away from the River bank? _____

20. I would like a subcontract for Project water on the parcel identified in **Item 1** above as follows:

a). within the next calender year:	Number _____	Volume (in acre-feet, gallons, etc.) _____	annually, and
b). future additional water:	Number _____	Volume (in acre-feet, gallons, etc.) _____	annually.

Submitted by: _____	_____	Date: _____
Print Name	Signature	